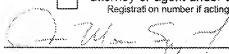


|  |            |  |             |
|--|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)</i>  |            | Docket Number (Optional)<br>ST99040 US PCT |             |
| Application Number 10/088,138  |            | Filed November 25, 2002                    |             |
| For NOVEL ANIMAL MODEL OF ALZHEIMER DISEASE WITH AMYLOID PLAQUES AND MITOCHONDRIAL DYSFUNCTION   |            |  |             |
| Art Unit 1632  |            | Examiner FALK, Anne Marie                  |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |  |             |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                    |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                                       | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                      | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                      | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795                                      | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                     | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1982</u> . I have enclosed a duplicate copy of this sheet.<br><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>52,267</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |  |             |
| <br>Signature  |            | <u>8-21-03</u><br>Date                     |             |
| Ann Marie Szczepanik<br>Typed or printed name  |            | 908-231-4757<br>Telephone Number           |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.<br><input type="checkbox"/> Total of _____ forms are submitted.  |            |  |             |